

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137  
County Registrar No. 832  
Local Registrar No. \_\_\_\_\_

2. Full name of child Maxine Webb  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept. 15, 1926  
Month Day Year

8. FATHER  
Full name Max Roy Webb  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Pima  
(State or country) Arizona

13. Occupation  
Nature of industry Clerk

20. Number of children of this mother { (a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

14. MOTHER  
Full maiden name Glenna Leona Taylor  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Thatcher  
(State or country) Arizona

19. Occupation  
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 1:10 A. M. on the date above stated  
(If born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Beryl M. Brown M.D.  
(Physician or midwife).  
Address Miami, Arizona

Given name added from a supplemental report.  
Month, day, year

Filed Sept 25, 19 26 O. E. D. Smith  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_  
County Registrar.

462-915-735